

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024187

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 277

Primary Registration District No. 4411

Registrar's No. 42

FILED JUL 16 1962

VS 300  
Rev. 4/59

1 0821

2 0820

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4 0

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7 0

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9 434.1

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11

12 86-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bowling Green</b>		c. CITY OR TOWN <b>Cyrene</b>	
Length of stay in 1b <b>3 months</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Home HOSPITAL OR INSTITUTION <b>Wilson &amp; Pike Co., Rest</b>		d. STREET ADDRESS (If outside, give location) <b>R.F.D. 2</b>	
3. NAME OF DECEASED (Type or print) First <b>William A.</b> Middle <b>Reid</b> Last <b>Reid</b>		4. DATE OF DEATH Month <b>July</b> Day <b>4</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-27-81</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	
13a. FATHER'S NAME <b>James Reid</b>		13b. MOTHER'S MAIDEN NAME <b>Ann Sangster</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>James A. Reid, Harvey, Illinois</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Peripheral Circulatory Collapse</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>	
DUE TO (b) <b>Pulmonary edema</b>		<b>12 hr.</b>	
DUE TO (c) <b>congestive heart failure</b>		<b>24 hrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pneumonia</b>		PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>8:20 A.</b> Month, Day, Year <b>May 23, 1962</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Mill Creek</b>		
21. I attended the deceased from <b>May 23, 1962</b> to <b>July 4, 1962</b> and last saw him alive on <b>July 3, 1962</b>		22b. ADDRESS <b>214 W. Church, Bowling Green, Mo.</b>	
22a. SIGNATURE <b>John A. Winge</b>		22c. DATE SIGNED <b>7/5/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-6-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mill Creek</b>	23d. LOCATION (City, town, or county) (State) <b>Silex, Lincoln, Missouri</b>
24. FUNERAL DIRECTOR <b>Harold Kirks, Bowling Green, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>July 5 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Maidee B. Williams</b>			

(Licensed Embalmers' Statement on Reverse Side)

*Burial Permit obtained 7-5-62  
Mailee E. Williams - total registration*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harold Kink*

Licensed Embalmer No. 4597

P. O. Address Bowling Green, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.